

Office Symbol

MEMORANDUM FOR Drivers Testing

SUBJECT: Request for Written Test for POV License

1. Request the Written Test be administered to the following personnel:

<u>NAME</u>	<u>SSN</u>	<u>DEROS</u>	<u>RELATIONSHIP</u>
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Sponsor's grade and full name Signature Block

Example

**\* If the applicant is a dependent, the sponsor's written approval must be obtained and must also have proof that the applicant is covered by minimum required liability insurance. (USFK Reg 190-1)**